



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6320.81A
BUMED-31BAB
16 Aug 2000

BUMED INSTRUCTION 6320.81A

From: Chief, Bureau of Medicine and Surgery

Subj: CHANGE IN SERVICES PROVIDED AT NAVAL MEDICAL AND DENTAL
TREATMENT FACILITIES (MTFs AND DTFs)

Ref: (a) DoD Instruction 6015.23 of 9 Dec 96 (NOTAL)
(b) ASN(M&RA) memo of 7 Dec 99 (NOTAL)
(c) BUMED ltr 6010 Ser 03/99U114000798, Navy
Medicine Business Case Analysis Guide, Oct 99 (NOTAL)
(d) OPNAV Instruction 5450.169D

Encl: (1) Request Approval Format to Change Clinical
Services Provided

1. Purpose. To provide guidance for requesting approval to make a change in clinical services offered at naval MTFs and DTFs, per reference (a). This is a complete revision and must be read in its entirety.

2. Cancellation. BUMED Instruction 6320.81 and report control symbol DD-HA(AR)1776(6320).

3. Background. Reference (a) canceled the requirement to report any major change in service provided at an MTF or a DTF to the Assistant Secretary of Defense (Health Affairs). It established the requirement to have the Secretary of the Navy approve changes in clinical services offered at any Navy MTF, after concurrence of the lead agent of the DoD health services region in which the affected installation is located. It allowed for the authority to be delegated to the Assistant Secretary of the Navy or the Surgeon General of the Navy. Reference (b) delegated authority to the Surgeon General of the Navy.

4. Definitions

a. Military Treatment Facility (MTF). A facility that provides inpatient or outpatient medical and dental care to eligible beneficiaries.

b. Dental Treatment Facility (DTF). A clinic that provides outpatient dental care, which may include a wide range of specialized and consultative services, to eligible beneficiaries.

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5. Changes Requiring Approval

a. Any change in the current volume of care provided to one or more categories of beneficiaries by any medical or dental specialty, ancillary service, or satellite clinic for a period of 6 months or more. The volume of change needing approval is a change of 10 percent or more at naval medical centers and naval dental centers, of 25 percent or more at naval hospitals with 50 or more active beds, and of 50 percent or more at naval hospitals with fewer than 50 active beds and at naval medical clinics, ambulatory care centers, and satellite clinics.

b. Those which have an impact on users that may stimulate local public or congressional interest. Such changes include:

(1) Opening or reinstating services.

(2) Temporarily closing services for 90 days or more, or for an indefinite period.

(3) Significantly increasing or decreasing (as noted in paragraph 5a) MTF and DTF capabilities (for 90 days or more, or for an indefinite period) in one or more services through:

(a) Staffing reassignments.

(b) Facility repairs or renovations.

(c) Ward and unit closures.

(d) Equipment acquisitions.

(e) Contracting.

(f) Implementation of Department of Veterans Affairs Sharing Agreements.

(g) Implementation of TRICARE Resource Sharing Agreements.

c. Those which may result in permanent closure of a facility or a service.

6. Process to Request Approval

a. Use enclosure (1) to request approval for changes, reductions, or closures of services (paragraph 5) that do not result from base realignment and closure (BRAC) actions.

Enclosure (1) requires completion of a business case analysis following reference (c). Reference (c) is available at: <http://bumed.med.navy.mil/med03/tools/default.asp>. Submit the request to Bureau of Medicine and Surgery (MED-31), 2300 E Street NW, Washington, DC 20372-5300, via the chain of command, to ensure receipt at least 120 days before the scheduled change date. Lead agent review of the proposed action must be included in the package per reference (a). BUMED will review and approve or disapprove the request. If you have any questions regarding reference (c), please call the Business Analysis Branch (MED-31) at (202) 762-3164 or DSN 762-3164.

b. Requests to permanently close a facility must be made following reference (d), which includes change 1 (available at: <http://neds.nebt.daps.mil/Directives/table28.html>). The proposal must be submitted to BUMED (MED-31), via the chain of command to ensure receipt at least 180 days before the action is scheduled. BUMED (MED-31) will coordinate BUMED review and prepare the request for Office of the Chief of Naval Operations action, as appropriate.

c. While prior approval is not required for service reductions that are caused under the following circumstances, MTFs and DTFs shall notify BUMED (MED-03) of the following situations:

(1) When a facility is rendered structurally unsound by a natural disaster.

(2) During an initial response to an emergency deployment of medical personnel.

(3) Change in a Status of Forces Agreement (SOFA).

(4) Equipment breakdowns that will result in a decrease in services as noted in paragraph 5a for more than 90 days or for an indefinite period.

7. Responsibilities

a. Commanding officers and officers in charge shall:

(1) Coordinate the proposed action with their respective TRICARE lead agent.

(2) Forward the appropriate request or notification to BUMED (MED-31), via the respective responsible line commander (RLC) and healthcare support office (HLTHCARE SUPPO).

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(3) Keep beneficiary populations informed of health care services availability.

b. Officers in charge of HLTHCARE SUPPOs shall:

(1) Monitor each MTF's compliance with this instruction.

(2) Endorse and forward command proposals to BUMED (MED-31) in a timely manner.

c. BUMED (MED-31) shall:

(1) Coordinate review of proposed changes or reductions in health care services and forward recommendations for the Surgeon General of the Navy's action.

(2) Notify involved facilities of modifications to the reporting requirements contained in enclosures (1).


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Available at:

<http://navymedicine.med.navy.mil/instructions/external/external.htm>

REQUEST APPROVAL FORMAT
TO CHANGE CLINICAL SERVICES PROVIDED

1. Name, UIC, and location of the MTF or DTF.
2. Proposed effective date for the change in service. Note Medical Expense and Performance Reporting System (MEPRS) code of the affected service.
3. Type of capability change (gains or losses) with MEPRS code and the reason for the change.
4. Workload impact summary, noting MEPRS code and category of beneficiary. Address gains or losses in number of outpatient visits, ambulatory procedure visits, admissions and occupied bed days, or ancillary units.
5. The net impact (by fiscal year) to facility resources resulting from the proposed change (net increase or decrease in operational funds, staffing levels, facility costs, etc.). Use reference (c) to perform cost-analysis assessment. Apply workload changes to the approved staffing standards to calculate adjustments to existing staffing requirements.
6. The projected increase or decrease in Government and beneficiary cost-sharing expenses that the proposed changes will produce.
7. For a reduction in service, cost effective health care alternatives to support affected beneficiaries.
8. Point of contact with commercial and DSN telephone numbers and e-mail address.